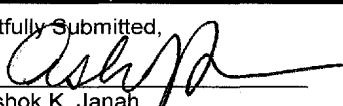


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|---|--|
| In re Application of: Grimbergen et al. | Group Art Unit: 1763 |
| Application No: 09/595,778 Confirmation No: 6490 | Examiner: Allan W. Olsen |
| Filed: June 16, 2000 | Attorney Docket No: 002077 USA D01/ETCH/SILICON/MDD |
| Title: APPARATUS AND METHOD FOR MONITORING PROCESSING OF A SUBSTRATE | June 13, 2007 San Francisco, California |

| | | | |
|--|---|---------------|--------------|
| Commissioner for Patents VIA ELECTRONIC FILING | Extension of Time | | |
| | <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 | | |
| Papers Enclosed | Extension (Months) | Extension Fee | |
| | | Large Entity | Small Entity |
| <input checked="" type="checkbox"/> Amendment | <input checked="" type="checkbox"/> One Month | \$120.00 | \$60.00 |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Two Months | \$450.00 | \$225.00 |
| <input type="checkbox"/> 0 Drawings | <input type="checkbox"/> Three Months | \$1,020.00 | \$510.00 |
| <input type="checkbox"/> Supplemental Information Disclosure Statement | Total \$ 120.00 | | |
| <input type="checkbox"/> PTO-1449 Form | <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. | | |
| <input type="checkbox"/> Citations | | | |
| <input type="checkbox"/> Terminal Disclaimer | | | |
| <input type="checkbox"/> Postcard for Return | | | |

| Fees for Extra Claims | | | | | | |
|---|----------------------------------|------------------------------------|--------------|--------------|--------------|----------------|
| | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate | | Additional Fee |
| | | | | Large Entity | Small Entity | |
| Total Claims | 68 | 89 | 0 | \$50.00 | \$25.00 | \$0.00 |
| Independent Claims | 9 | 12 | 0 | \$200.00 | \$100.00 | \$0.00 |
| Multiple Dependent Claims | 0 | 0 | 0 | \$360.00 | \$180.00 | \$0.00 |
| Supplemental Information Disclosure Statement | | | | | | |
| Total | | | | | | \$0.00 |

| | | | |
|--|-----------------|--|--|
| Fee Payment | | Fee Deficiency | |
| Extension Fees | \$120.00 | <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . | |
| Fees for Extra Claims | \$0.00 | | |
| Total | \$120.00 | | |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$120.00 . | | Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107 | |
| | | Respectfully Submitted, By:  Date: <u>June 13, 2007</u> Ashok K. Janah Registration No. <u>67,487</u> | |